



Incident Report

Print Date/Time: 08/30/2016 08:12
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00016879

Incident Date/Time: 8/26/2016 3:16:00 AM
Location: 9409 N DAVIES RD
LAKE STEVENS WA 98258
Phone Number: (425) 870-8803
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0075-Christensen
19N3	SS0135-Parnell
19S10	SS0013-Brooks

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	MCAFEE, STEVE/WIT		(425) 870-8803			
2	Reporting Party	MINNICH, JACOB ADAM	0-0				02/24/1977

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						435XXY	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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08/26/2016 : 04:31:35 SP0427 Narrative: TOW OS

08/26/2016 : 04:05:16 SP0352 Narrative: 19S10 WILL WAIT FOR TOW

08/26/2016 : 03:45:10 SP0352 Narrative: PUD ADV'D , WILL DISPATCH SOMEONE TO TAKE A LOOK

08/26/2016 : 03:43:44 SP0352 Narrative: POLE IS STILL STANDING , STRONG IMPACT, SHOWIGN SOME CRACKS, POSS
POLE # 150

08/26/2016 : 03:42:48 SP0352 Narrative: 19S10 ADV PUD OF POLE AT LOC

08/26/2016 : 03:23:33 SP0387 Narrative: E82 - NO PT, CXL INCOMING

08/26/2016 : 03:22:25 SP0387 Narrative: 1 VEH INTO CHAIN WALL, AIR BAG DEPLOY, INVEST

08/26/2016 : 03:19:16 SP0291 Narrative: LR291

08/26/2016 : 03:18:46 SP0387 Narrative: E82 CXL A66, ADD A83

08/26/2016 : 03:17:56 SP0291 Narrative: UNK IF ANY OTHER OCCS

08/26/2016 : 03:17:44 SP0291 Narrative: VEH-BLK PC, MALE NOW WALKING EB AWAY FROM VEH

08/26/2016 : 03:17:03 SP0291 Narrative: AC, CAR CRASHED ON ROUND ABOUT, MALE CON/BR, LIMPING, UNK INJ,
BLKING



LAKE STEVENS POLICE DEPARTMENT

INCIDENT STATEMENT FORM

CASE NUMBER 16-16879VICTIM ☐ WITNESS ☒NON-DISCLOSURE ☐

NAME (LAST, FIRST, MIDDLE) <u>McAfee Steven D</u>			RACE <u>W</u>	ETHNICITY	SEX <u>M</u>	D.O.B. <u>11-09-67</u>	AGE <u>48</u>	HGT <u>5'10"</u>	WGT <u>140</u>	HAIR	EYES
STREET ADDRESS <u>15322 - 99th Av. N.E.</u>					CITY <u>Arkyton</u>			STATE <u>WA</u>		ZIP <u>98223</u>	
HOME PHONE			CELL PHONE <u>425-870-8803</u>			WORK PHONE					
EMAIL ADDRESS (OPTIONAL)						PLACE OF EMPLOYMENT					

STATEMENT:

On 8-26-16 at 3:15am I saw a ~~dark~~ dark colored car spin out and hit a retaining wall. The driver got out and walked away heading east. The driver was a white male.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Steven McAfee</u>	DATE SIGNED: <u>8-26-16</u>
OFFICER/NUMBER: <u>FW #135</u>	DATE SIGNED: <u>08-26-16</u>

OUR MISSION STATEMENT: "WE BELIEVE THAT PRESERVING LIFE, ENSURING JUSTICE AND GUARDING DEMOCRACY ARE VITAL TO A SAFE, HEALTHY, AND PROSPEROUS COMMUNITY"

Page ___ OF ___

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E578447**CASE # **2016-16879**LOCAL AGENCY
CODINGTOTAL # OF
UNITS**01**OBJECT
STRUCK**UTILITY POLE**TRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **08** - **26** - **2016** **0317** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**N. DAVIES RD**BLOCK NO. ☒**9400**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐
FEET ☐ S ☐ W ☐

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

LAST NAME

MINNICH

FIRST NAME

JACOBMIDDLE
INITIAL**A**STREET
NEW ADDRESS**17215 PINON DR**

CITY

PERRIS

ST

CA

ZIP

925700000

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**B5231497**

STATE

CA

SEX

MD.O.B.
MMDDYYYY**02****24****1977**ON DUTY ☐

STATUS

AIRBAG

6

RESTR.

9

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**435XXY**

STATE

WA

VIN#

WBAVB13596PS65252TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2006

MAKE

BMW

MODEL

3254D

STYLE

SDVEHICLE TOWED
YES ☒ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **JOSH HARRIS PO BOX 70367 SEATTLE WA 98127**LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA

UNIT 02

MOTOR
VEHICLE☐PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐

DAMAGE THRESHOLD MET

YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG

6

RESTR.

9

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2006

MAKE

BMW

MODEL

3254D

STYLE

SDVEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)

K. PARNELL

BADGE OR ID #

0135

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E578447**CASE # **2016-16879**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MCAFFEE STEVEN P																		
ADDRESS & PHONE # 15322 99TH DR NE ARLINGTON WA 98223 4258708803														SEX M	D.O.B. MMDDYYYY 11	-	07	-	1967	
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

Veh. 1 was driving eastbound on the 9400 block of N. Davies. Veh. 1 drove over the roundabout. The right rear of Veh. 1 impacted a utility pole. Veh. 1 spun EB before finally stopping, blocking both lanes. Several airbags deployed. The driver was evaluated by aid for injuries and released. The veh was towed at driver's request.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

K. PARNELL
08-27-16 06:17 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

W. AUKERMAN 0072

DATE

8/29/2016 7:17:56 AM

BADGE OR ID #	0135	ORI #	WA0311900	TIME POLICE DISPATCHED	3:18 AM	TIME POLICE ARRIVED	3:22 AM
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REPORT NO. E578447

CASE # 2016-16879

DATE AND TIME
OF COLLISION 08/26/16 03:17

